

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97124, 97032, 97010, 97035, 97265, 97112, 97116, 97014, 97250, and 97540 billed on 12-16-02 through 1-6-03 and denied as "H - half payment pending review and/or audit".

II. RATIONALE

On 1-22-04, a Notice was issued stating that the Division dismissed the medical necessity request as the file contains unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Respondent did not submit an EOB regarding the peer review results; therefore this review will be made per the 1996 *Medical Fee Guideline*. The requestor failed to submit relevant information to support the components of the fee dispute. The requestor's daily notes simply stated, "Plan: The patient will continue with the present treatment plan." This does not support delivery of services billed. Therefore, no additional reimbursement recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 97124, 97032, 97010, 97035, 97265, 97112, 97116, 97014, 97250, and 97540.

The above Findings and Decision are hereby issued this 5th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division